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ABSTRACT

Adolescent suicide is thought by many experts to be the second leading cause of dath among adolescents. The present strategies being used, which attempt to prevent these suicides by treatment during adolescence, do not seem to be working. This study therefore examined the development of self-concept and coping strategies during childhood in an effort to discover methods of providing the support and guidance needed in order for children to adopt those strategies found to be effective during adolescence. Parents of 51 adolescents who committed suicide completed a questionnaire covering personality and behavioral aspects of their children's lives during preschool, elementary, junior high, high school and older ages. A control group of parents (n=23) who had at least one post-high school age child completed similar questionnaires. The adolescents who committed suicide were found to have utilized external locus of control beginning in elementary school, were more likely to have given up or argued when having difficulties, and at high school and older ages had been less likely to compromise as a way to solve problems, than control group adolescents. The number of stresses that the suicide sample had experienced was also significantly greater than stress experienced by the control group. Adolescents who committed suicide were more impulsive beginning at preschool, and developmental trends toward greater sensitivity were found at every age level. (Author/BHK)

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Adolescent Suicide: Prevention Starts in Childhood

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ABSTRACT

Adolescent suicide is thought by many experts to be the second leading cause of death among adolescents (e.g. Capuzzi, 1989). The present strategies we are using to try to prevent these deaths by treatment during adolescence do not seem to be working. It is therefore necessary to begin to look at other strategies. One such approach is to examine the development of self concept and coping strategies during childhood in an effort to discover methods of providing the support and guidance needed in order for children to adopt those strategies found to be effective during adolescence.

The suicidal adolescents in this study were found to utilize external locus of control beginning in elementary school, were more likely to give up or argue when having difficulties, and at high school and older ages were less likely to compromise as a way to solve problems than were the control group. The number of stresses that the suicide sample was experiencing was also significantly greater than experienced by the control group.

Adults must become more alert to the methods young children use to cope with everyday stress in order to be able to begin to provide direct guidance to those children who demonstrate coping strategies shown in studies such as the present one not to be effective when adolescence is reached.

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Adolescent Suicide: Prevention Starts in Childhood

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Adolescent suicide in America is reaching increasingly frightening numbers with little sign of relief. Stigma of having a child kill him/herself often encourages both families and professionals involved to deny or ignore the facts surrounding the death or injury to an adolescent, making the actual number of attempts and completed suicides unknown (Joffe and Offord, 1990). We do know that rather than there being only a few at-risk adolescents, that all high school students regardless of socioeconomic level may be at risk for suicide and that we must begin to look at alternative ways of approaching the problem.

Using the understanding that has come from the study of precipitating causes, it seems sensible to examine some of the underlying behaviors in a developmental way as a beginning to finding a concrete method of affecting the ability of children to cope with stress. Among the correlates described by researchers (e.g. Allberg and Chu, 1990) as being important in the development of self concept and coping strategies are depression, interpersonal conflicts and isolation, family background, and emotional disorders.

Understanding how children are effected by these correlates as they develop coping behaviors to handle stress requires that

the behaviors children demonstrate be examined from early childhood through adolescence. In that way the consisency and/or change in strategies can be observed. Adolescence is a time of much change and many new stresses. Effective coping strategies must be well developed and perfected before reaching adolescence if they are to be expected to help the adolescent successfully adapt to the changing and often turbulent time of adolescence.

METHOD AND SAMPLE

Parents of 51 adolescents (41 males and 10 females) who suicided completed a 73 item questionnaire covering both personality and behavioral aspects of their children's lives during preschool, elementary, junior high, and high school and older ages. 23 parents who have at least one post high age child (13 males and 10 females) completed similar questionnaires.

RESULTS

To reduce difficulties associated with using secondary sources retrospectively, responses were analyzed using time of death as a controlling factor. No significant differences were found (time of death <4 years and time of death >4 years).

Physical Size and Health

Although not significant at any of the five age levels, the suicide sample was seen to be physically smaller at the $p<.10$ level at three age levels (infancy, $t=-2.093$, $p=.055$; junior high, $t=-1.757$, $p=.099$; high school, $t=-1.829$, $p=.086$). The

state of health of the suicide sample was consistently seen as poorer on a 5 point Likert scale question, "how would you describe your child's physical size and health" (1= never sick and 5= always sick for the health question). Significant differences were seen between groups at both infancy ($t=2.224$, $p<.05$) and at high school and older ($t=2.773$, $p<.05$) age levels. Significance was approached at both preschool ($t=1.839$, $p=.064$) and junior high ($t=1.804$, $p=.088$) age levels.

Leadership

An interesting result emerged from the question, "when your child was interacting with other children of the same age, how comfortable was he/she in taking an active leadership role?" On the Likert scale (1= very confident, 5= not confident), the suicide group was consistently less confident, with significant differences seen during preschool ($t=2.329$, $p=.017$) and elementary ($t=2.031$, $p=.037$) age levels.

Locus Of Control

Locus of control has been seen as an important area of difference (e.g. Baumrind and Moselle, 1985) between adolescents who do and do not demonstrate maladaptive coping strategies. Findings in this study support this. The suicide sample was described as believing other people were the cause for the good things happening in their lives at both elementary ($x^2=5.235$, $p<.05$) and high school and older ($x^2= 8.230$, $p<.05$) age levels, and showed a trend toward significance during junior high age ($x^2=2.791$, $p=.095$). On the other hand, there was significant

difference in internal locus of control at the high school and older age level. The control group was described as seeing themselves as the cause of good things happening to them at significantly higher levels (x^2=8.230, p=.004) than the suicide group.

Although there were no significant differences between groups in the causes perceived for negative aspects of their lives, the suicide and control groups demonstrated very different responses to negative events. By high school age, the suicide group was demonstrating giving up (x^2=3.861, p<.05) and arguing (x^2=4.448, p<.05) at significantly higher levels. Other methods compared that were not significantly different include ignoring the problem, fighting, and seeking adult help. The method used that is perhaps the most interesting was compromise. The control group used compromise to handle conflict at a significantly higher level at high school and older ages (x^2=4.924, p<.05), but during the elementary age level the suicide sample was demonstrating significantly higher levels (x^2=3.844, p<.05). This finding might well be related to the earlier finding (Wolfle and Siehl, 1990) of greater sensitivity by the suicide group.

Areas of Stress

Strong support for the literature concerning the relationship between amount of stress and adolescent suicide was found. Difference in the mean number of stresses experienced by the suicide and control groups during adolescence was significant

at the $p<.0001$ level ($t=5.921$, $df=72$). Specific stresses experienced significantly more frequently by the suicide group include problems with peers ($x^2=7.807$, $p<.005$), school ($x^2=11.122$, $p<.001$), the opposite sex ($x^2 27.056$, $p=.008$), drugs ($x^2=7.112$, $p=.008$), and self illness ($x^2=4.027$, $p=.045$). Problems with alcohol/drugs was approaching significance at the $p<.10$ level. The alcohol/drup finding may indicate that use of these substances may be used as a last resort for many adolescents rather than being a cause of the suicide.

Responses to New Experiences

On a 5 point Likert scale (confidently - shy/hesitant), both participating in recitals ($t=2.655$, $p<.05$) and attending a new school ($t=1.984$, $p<.05$), showed significantly lower levels of confidence during the preschool age level by the suicide group. Elementary age seemed to be a time that the groups were not significantly different, although the means indicate interesting trends. By junior high and older ages the suicide group was demonstrating less confidence in participation in recitals ($t=2.429$, $p<.002$), attending a new school ($t=2.497$, $p<.02$), and in learning new tasks ($t=2.290$, $p<.05$). The only area not showing significant difference was participating in sporting events. The suicide group demonstrated a trend toward significance ($p<.10$) at the junior high and older age level for responding to a new peer group.

DISCUSSION

Understanding how and when coping strategies are formed and how they effect self concept is important when trying to develop methods to decrease adolescent suicide. Previous work has examined specific aspects of this sample's temperamental traits (Wolfle and Siehl, 1990) that affect self concept. The data indicating how individuals respond to different types of uncomfortable situations demonstrate that the suicidal group was more emotional in responding. They were more apt to become angry, to argue and/or to blame others for the situation than the control group. At the same time, the suicide group also demonstrated they were shutting their defenses down beginning by junior high school age. Withdrawal from difficulties was becoming common.

Children do not suddenly become suicidal once they reach adolescence, although the impact of strong changes that occur during adolescence often magnify traits and trends that have been developing throughout the youth's life. Changing cognitive abilities affect the adolescent in ways that may encourage him/her to believe that the intensity of their feelings are unique (Elkind, 1984). How they cope with the additional stress due to being an adolescent depends on a variety of areas that have been developing for many years.

These findings must be combined with earlier evaluations of this sample and with current suicide literature indicating the importance of developmental and environmental factors in an

effort to develop a life long program for the education, support, and caring for children. This study found that suicidal adolescents were more emotional in responding to uncomfortable situations at all age levels. Adolescents who suicided were more impulsive beginning at preschool, and developmental trends toward greater sensitivity were found at every age level (Wolfle and Siehl, 1990).

FURTHER STUDY

A major task of research in the area of adolescent suicide is for researchers, medical personnel, educators, psychologists, and others interested in understanding the nature of coping during adolescence to join forces in developing strategies to examine the developmental aspect of dealing with stress. Longitudinal research looking at how children learn and adapt to their environmental changes over time is essential and must include recognition of subjects who suicide.

An additional area that must be examined in future investigations is the role of sex differences. The fact that more males kill themselves has been well documented (Sanborn, 1990). The present study makes suggestions implying that children are greatly affected by societal sex role expectations emotionally at young ages. Just how negative these effects are need to be examined in greater depth.

Frymier (1988) offers suggestions for enhancing students ability to cope with their world. These areas must be examined

in hopes that effective programs can be developed: 1) help adolescents learn to monitor themselves so that they can recognize when they need to seek help; 2) help adolescents to understand their own coping styles and to recognize when an effective method needs to be replaced, and 3) teach adults and peers how to recognize a student in trouble and how to respond.

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